

DISTRICT OF COLUMBIA

DEPARTMENT OF INSURANCE SECURITIES & BANKING

PRIVATE PASSENGER AUTOMOBILE INSURANCE PREMIUM SURVEY FORM

A. Name of company or rating organization and mailing address

(If more than one company or track is included in the filing, separate premium survey forms must be provided)

B. Date of filing : _____ Proposed Effective Date : _____ - new business
Proposed Effective Date : _____ - renewals

C. Rating Criteria

1 Car

Three Years Prior to Current Model Year (specify year 200__)
Original Cost \$18,000; ISO Symbol 12. Standard Performance
Annual Mileage over 7,500

2 Drivers

All examples shall assume new business, pleasure use, and that the Safe Driver Insurance Plan applies (unless otherwise specified)

- A. 40 year old married male, no chargeable accidents or violations
- B. 40 year old married male, two chargeable accidents or violations
- C. 48 year old single male, no chargeable accidents or violations, principal operator, no driver training, no good student discount, drive to work use
- D. 18 year old single male, no chargeable accidents or violations, principal operator, with driver training, with good student discount, drive to work use
- E. 40 year old single female, only operator, no chargeable accidents or violations
- F. 65 year old single female, only operator, no chargeable accidents or violations
- G. 18 year old single male, no chargeable accidents or violations, principal operator, with driver training, with good student discount, drive to work use

As an authorized representative of the Company or rating organization, I hereby certify that to the best of my knowledge and belief the attached filing complies with all applicable laws, regulations and bulletins of the District of Columbia.

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE

TITLE

TELEPHONE NUMBER

E-MAIL ADDRESS